

INSTRUCTIONS FOR COMPLETION OF DD FORM 1172-2, DATED JAN 2014, “APPLICATION FOR IDENTIFICATION CARD/DEERS ENROLLMENT”

SECTION I – SPONSOR/EMPLOYEE INFORMATION

Block 1. Name. Enter the attaché/employee’s LAST name first (Surname or family name), enter the FIRST name, and then enter the MIDDLE INITIAL(S), or the full MIDDLE NAME. You cannot use more than 51 characters if filling out using Adobe. The name field can include a designation of JR, SR, ESQ, or the Roman numerals I through X. To include that designation, enter the appropriate data after the middle initial. The name cannot contain any special characters nor is any punctuation permitted.

Block 2. Gender. Enter the attaché/employee’s gender. Enter either “M” for male and “F” for female.

Block 3. Social Security Number (SSN) or DoD ID Number. Leave this blank. Do not enter anything in this block.

Block 4. Status. Enter the following: “AD FP”. This means ACTIVE DUTY FOREIGN MILITARY PERSONNEL.

Block 5. Organization. Enter your country and the service of the military for the sponsor/employee. For example, if I were from Argentina and in the Army, I would enter “Argentina / Army”.

Block 6. Pay Grade. Enter the attaché/employee’s pay grade from the valid codes listed in the table below.

<u>Enlisted and Non-Commissioned Officers</u>		<u>Warrant Officers</u>		<u>Officers</u>	
Private 1	E1	Warrant Officer 1	W1	2 nd Lieutenant	O1
Private 2	E2	Chief Warrant Officer 2	W2	1 st Lieutenant	O2
Private First Class	E3	Chief Warrant Officer 3	W3	Captain	O3
Specialist/Corporal	E4	Chief Warrant Officer 4	W4	Major	O4
Sergeant	E5	Chief Warrant Officer 5	W5	Lieutenant Colonel	O5
Staff Sergeant	E6			Colonel	O6
Sergeant First Class	E7			Brigadier General	O7
Master Sergeant/First Sergeant	E8			Major General	O8
Sergeant Major	E9			Lieutenant General	O9

Block 7. GEN CAT (Geneva Convention Category). Enter “N/A”.

Block 8. Citizenship. Enter the attaché/employee’s appropriate country of citizenship. Use the table below, and be sure to use two characters as indicated in the table. For example, if I am a citizen of Germany, I would enter “GM”.

COUNTRY	CODE	COUNTRY	CODE	COUNTRY	CODE
Afghanistan	AF	Germany	GM	Nigeria	NI
Albania	AL	Ghana	GH	Niue	NE
Algeria	AG	Gibraltar	GI	Norfolk Island	NF
America Samoa	AQ	Glorioiso Islands	GO	Northern Mariana Islands	CQ
Andorra	AN	Greece	GR	Norway	NO
Angola	AO	Greenland	GL	Oman	MU
Anguilla	AV	Grenada	GJ	Pakistan	PK
Antarctica	AY	Guadeloupe	GP	Palmyra Atoll	LQ
Antigua and Barbuda	AC	Guam	GQ	Panama	PM
Argentina	AR	Guatemala	GT	Papua New Guinea	PP
Armenia	AM	Guernsey	GK	Paracel Islands	PF
Aruba	AA	Guinea	GV	Paraguay	PA
Ashmore and Cartier Islands	AT	Guinea-Bissau	PU	Peru	PE
Australia	AS	Guyana	GY	Philippines	RP
Austria	AU	Haiti	HA	Pitcairn Islands	PC
Azerbaijan	AJ	Heard Island and McDonald Islands	HM	Poland	PL
Bahamas, The	BF	Honduras	HO	Portugal	PO
Bahrain	BA	Hong Kong	HK	Puerto Rico	RQ
Baker Island	FQ	Howland Island	HQ	Qatar	QA
Bangladesh	BG	Hungary	HU	Reunion	RE
Barbados	BB	Iceland	IC	Romania	RO
Bassas Da India	BS	India	IN	Russia	RS
Belarus	BO	Indonesia	ID	Rwanda	RW
Belgium	BE	Iran	IR	St. Kitts and Nevis	SC
Belize	BH	Iraq	IZ	St. Helena	SH
Benin	BN	Ireland	EI	St. Lucia	ST
Bermuda	BD	Israel	IS	St. Pierre and Miquelon	SB
Bhutan	BT	Italy	IT	St. Vincent and the Grenadines	VC
Bolivia	BL	Ivory Coast	IV	San Marino	SM
Bosnia and Herzegovina	BO	Jamaica	JM	Sao Tome and Principe	TP
Botswana	BC	Jan Mayen	JN	Saudi Arabia	SA
Bouvet Island	BV	Japan	JA	Senegal	SG
Brazil	BR	Jarvis Island	DQ	Serbia	SR
British Indian Ocean Territory	IO	Jersey	JE	Seychelles	SE
British Virgin Islands	VI	Johnston Atoll	JQ	Sierra Leone	SL
Brunei	BX	Jordan	JO	Singapore	SN
Bulgaria	BU	Juan De Nova Island	JU	Slovakia	LO
Burkina	UV	Kazakhstan	KZ	Slovenia	SI
Burma	BM	Kenya	KE	Solomon Islands	BP
Burundi	BY	Kingman Reef	KQ	Somalia	SO
Cambodia	CB	Kiribati	KR	South Africa	SF
Cameroon	CM	Korea, Democratic	KN	South Georgia and the South Sandwich Islands	SX
Canada	CA	Korea, Republic of	KS	Spain	SP
Cape Verde	CV	Kuwait	KU	Spratly Islands	PG
Cayman Islands	CJ	Kyrgyzstan	KG	Sri Lanka	CE
Central African Republic	CT	Laos	LA	Sudan	SU

Chad	CD	Latvia	LG	Surinam	NS
Chile	CI	Lebanon	LE	Svalbard	SV
China	CH	Lesotho	LT	Swaziland	WZ
Christmas Island	KT	Liberia	LI	Sweden	SW
Clipperton Islands	IP	Libya	LY	Switzerland	SZ
Cocos (Keeling) Islands	CK	Liechtenstein	LS	Syria	SY
Colombia	CO	Lithuania	LH	Taiwan	TW
Comoros	CN	Luxembourg	LU	Tajikistan	TI
Cook Islands	CW	Macau	MC	Tanzania	TZ
Coral Sea Islands	CR	Macedonia	MK	Thailand	TH
Costa Rica	CS	Madagascar	MA	Togo	TO
Cote D'Ivoire	IV	Malawi	MI	Tokelau	TL
Croatia	HR	Malaysia	MY	Tonga	TN
Cuba	CU	Maldives	MV	Trinidad and Tobago	TD
Cyprus	CY	Mali	ML	Tromelin Island	TE
Czech Republic	EZ	Malta	MT	Trust Territory of the Pacific Islands (Palau)	PS
Denmark	DA	Man, Isle of	IM	Tunisia	TS
Djibouti	DJ	Marshall Islands	RM	Turkey	TU
Dominica	DO	Martinique	MB	Turkmenistan	TX
Dominican Republic	DR	Mauritania	MR	Turks and Caicos Islands	TK
Ecuador	EC	Mauritius	MP	Tuvalu	TV
Egypt	EG	Mayotte	MF	Uganda	UG
El Salvador	ES	Mexico	MX	Ukraine	UP
Equatorial Guinea	EK	Midway Islands	MQ	United Arab Emirates	TC
Eritrea	ER	Moldova	MD	United Kingdom	UK
Estonia	EN	Monaco	MN	United States	US
Ethiopia	ET	Mongolia	MG	Uruguay	UY
Europa Island	EU	Montenegro	MW	Uzbekistan	UZ
Falkland Islands (Islas Malvinas)	FK	Montserrat	MH	Vanuatu	NH
Faroe Islands	FO	Morocco	MO	Vatican City	VT
Federated States of Micronesia	FM	Mozambique	MZ	Venezuela	VE
Fiji	FJ	Namibia	WA	Vietnam	VM
Finland	FI	Nauru	NR	Virgin Islands	VQ
France	FR	Navassa Island	BQ	Wake Island	WQ
French Guiana	FG	Nepal	NP	Wallis and Futuna	WF
French Polynesia	FP	Netherlands	NL	West Bank	WE
French Southern and Antarctic Lands	FS	Netherlands Antilles	NA	Western Sahara	WI
Gabon	GB	New Caledonia	NC	Western Samoa	WS
Gambia, The	GA	New Zealand	NZ	Yemen (Aden)	YM
Gaza Strip	GZ	Nicaragua	NU	Zambia	ZA
Georgia	GG	Niger	NG	Zimbabwe	ZI

Block 9. Date of Birth. Enter the attaché/employee's date of birth in four-digit year, three alpha-character month, and two-digit day format (YYYYMMDD). You must use a total of 9 characters. For example, if I was born on 25 January 2011, I would enter "2011JAN25".

Block 10. Place of Birth. Enter the attaché/employee's place of birth (city, state (or equivalent), country). For the country, use the two-alpha character abbreviations for the countries listed in the table under the instructions for Block 8 above.

Block 11. Current home address in the United States. Enter the house number and street of the attaché/employee's current residence in the United States.

Block 12. City. Enter the attaché/employee's current city of residence in the United States.

Block 13. State. Enter the two-alpha code for the attaché/employee's current state of residence in the United States. This should be MD for Maryland, VA for Virginia, or DC for the District of Columbia. No other states should be entered.

Block 14. ZIP Code. Enter the correct nine-digit ZIP code of the attaché/employee's current residence address in the United States. If the nine-digit ZIP code is not known, then enter the five digit, followed by four zeros, without any hyphens. For example, if I only know the five-digit ZIP code, I would enter "12345000"; but if I knew the nine-digit ZIP code, I would enter "123456789".

Block 15. Country. For this block, enter only "USA". No other entry is valid.

Block 16. Primary Email Address. Enter the attaché/employee's office/work email address as applicable. Check the block "Permission to use for benefits notifications" if you wish to receive email notifications regarding your medical benefits. This block may be left blank.

Block 17. Telephone Number. Enter the attaché/employee's current office nine-digit phone number. Do not use punctuation. For example, if my number was (202) 555-1234, I would enter "2025551234".

Block 18. City of Duty Location. Enter the city of the attaché/employee's duty location. For example, if my embassy was in the District of Columbia, I would enter "Washington". Or, if my embassy was in Arlington, I would enter "Arlington".

Block 19. State of Duty Location. Enter the two-alpha code for the attaché/employee's duty location. This should be MD for Maryland, VA for Virginia, or DC for the District of Columbia. No other states should be entered.

Block 20. Country of Duty Location. For this block, enter only "USA". No other entry is valid.

SECTION II – SPONSOR/EMPLOYEE DECLARATION AND REMARKS

Block 21. Remarks. Enter the following statements, and following the instructions as noted.

"I certify that [insert rank and full name] is an active duty member of the Army of [insert country]. His [or Her] assignment as [insert position title at Embassy] began on [insert date using the YYYYMMDD format] and is expected to end on or about [insert date using the YYYYMMDD format]."

[Insert the signature of the Military Attaché or individual with signature authority to sign for the Military Attaché, and place the Embassy's seal in the top right corner of this block.]

"Marital Status: [enter either "Married", "Divorced", "widowed", or "Single"]"

"Date of Marriage (if married): [insert date using the YYYYMMDD format]"

Block 22. Signature. The person (attaché/employee) listed in block one must sign.

Block 23. Date Signed. Enter the date that block 22 was signed, using the YYYYMMDD format.

SECTION III – AUTHORIZED BY

Blocks 24-39. Leave blank. These will be completed by Army Foreign Liaison.

SECTION IV – VERIFIED BY

Blocks 40-43. Leave blank. These will be filled out by the personnel at the ID Card office when you are issue your ID Card.

SECTION V – DEPENDENT INFORMATION

Block 44. Name. Enter the dependent's LAST name first (Surname or family name), enter the FIRST name, and then enter the MIDDLE INITIAL(S), or the full MIDDLE NAME. You cannot use more than 51 characters if filling out using Adobe. The name field can include a designation of JR, SR, ESQ, or the Roman numerals I through X. To include that designation, enter the appropriate data after the middle initial. The name cannot contain any special characters nor is any punctuation permitted.

Block 45. Gender. Enter the dependent's gender. Enter either "M" for male and "F" for female.

Block 46. Date of Birth. Enter the dependent' date of birth in four-digit year, three alpha-character month, and two-digit day format (YYYYMMDD). You must use a total of 9 characters. For example, if I was born on 25 January 2011, I would enter "2011JAN25".

Block 47. Relationship. Enter the correct abbreviation to show the dependent's relationship with the attaché/employee using the valid abbreviations listed in the table below.

CODE	RELATIONSHIP STATUS
CH	Child
SC	Stepchild
URW	Unremarried Widow(er)
UMW	Unmarried Widow(er)

PL	Parent-in-law
SPL	Stepparent-in-law
PAR	Parent
STP	Stepparent
SP	Spouse
WARD	Legal Ward
DB	Designated Beneficiary

Block 48. Social Security Number (SSN) or DoD ID Number. If this is for a dependent's first identification card, then leave this blank. If this is to update a dependent's identification card, then enter the DoD ID number listed on the current identification card.

Block 49. Current home address in the United States. Enter the house number and street of the dependent's current residence in the United States. In most cases, this should be the same as block 11.

Block 50. Primary Email Address. Enter the dependent's email address as applicable. Check the block "Permission to use for benefits notifications" if you wish to receive email notifications regarding your medical benefits. This block may be left blank.

Block 51. Telephone Number. Enter the dependent's current home or cell nine-digit phone number. Do not use punctuation. For example, if my number was (202) 555-1234, I would enter "2025551234".

Block 52. City. Enter the attaché/employee's current city of residence in the United States. In most cases, this should be the same as block 12.

Block 53. State. Enter the two-alpha code for the attaché/employee's current state of residence in the United States. This should be MD for Maryland, VA for Virginia, or DC for the District of Columbia. No other states should be entered. In most cases, this should be the same as block 13.

Block 54. ZIP Code. Enter the correct nine-digit ZIP code of the attaché/employee's current residence address in the United States. If the nine-digit ZIP code is not known, then enter the five digit, followed by four zeros, without any hyphens. For example, if I only know the five-digit ZIP code, I would enter "12345000"; but if I knew the nine-digit ZIP code, I would enter "123456789".

Block 55. Country. For this block, enter only "USA". No other entry is valid.

Block 56. Eligibility Effective Date. Leave blank.

Block 57. Eligibility Expiration Date. Leave blank.

Blocks 58-71. Follow the same instructions as those for blocks 40-51.

SECTION VI – RECEIPT

Blocks 72-73. Leave blank.

APPLICATION FOR IDENTIFICATION CARD/DEERS ENROLLMENT										OMB No. 0704-0415 OMB approval expires Jan 31, 2017		
Please read Agency Disclosure Notice, Privacy Act Statement, and Instructions prior to completing this form.												
SECTION I - SPONSOR/EMPLOYEE INFORMATION												
1. NAME (Last, First, Middle) (insert full name of attaché / employee)				2. GENDER (M or F)		3. SSN OR DOD ID NO. (blank)		4. STATUS AD FP		5. ORGANIZATION (country / service)		
6. PAY GRADE (fill in)		7. GEN. CAT N/A		8. CITIZENSHIP (fill in)		9. DATE OF BIRTH (YYYYMMDD) (fill in)		10. PLACE OF BIRTH (city, state (or equivalent), country)				
11. CURRENT HOME ADDRESS (home address in the USA)						12. CITY (fill in)		13. STATE (fill in)		14. ZIP CODE (fill in)		
16. PRIMARY E-MAIL ADDRESS <input type="checkbox"/> Permission to use for benefits notifications						17. TELEPHONE NUMBER (Include Area Code/DSN) (office phone)		18. CITY OF DUTY LOCATION (fill in)		19. STATE OF DUTY LOCATION (fill in)		
								20. COUNTRY OF DUTY LOCATION USA				
SECTION II - SPONSOR/EMPLOYEE DECLARATION AND REMARKS												
21. REMARKS (Cite legal documentation, as applicable.) I certify that [insert rank and full name] is an active duty member of the Army of [insert country]. His [or Her] assignment as [insert position title at Embassy] began on [insert date using the YYYYMMDD format] and is expected to end on or about [insert date using the YYYYMMDD format]. [Insert the signature of the Military Attaché or individual with signature authority to sign for the Military Attaché, and place the Embassy's seal in the top right corner of this block.] Marital Status: [enter either "Married", "Divorced", "widowed", or "Single"] Date of Marriage (if married): [insert date using the YYYYMMDD format] I certify the information provided in connection with the eligibility requirements of this form is true and accurate to the best of my knowledge. (If not signed in the presence of the authorizing/verifying official, the signature must be notarized.)										NOTARY SIGNATURE AND SEAL		
22. SPONSOR/EMPLOYEE SIGNATURE (signature of attaché / employee)								23. DATE SIGNED (YYYYMMDD) (fill in)				
SECTION III - AUTHORIZED BY												
24. SPONSORING OFFICE NAME								25. CONTRACT NUMBER				
26. SPONSORING OFFICE ADDRESS (Street, City, State, ZIP Code)				27. SPONSORING OFFICE TELEPHONE NUMBER (Include Area Code/DSN)		28. OFFICE EMAIL ADDRESS			29. OVERSEAS ASSIGNMENT (Country)			
30. OVERSEAS ASSIGNMENT BEGIN DATE (YYYYMMDD)			31. OVERSEAS ASSIGNMENT END DATE (YYYYMMDD)			32. ELIGIBILITY EFFECTIVE DATE (YYYYMMDD)			33. ELIGIBILITY EXPIRATION DATE (YYYYMMDD)			
I certify the individual identified above, based on personal knowledge and available documentation, is in a status eligible for and requires an identification card in the performance of their duties with the DoD or Uniformed Services.												
34. SPONSORING OFFICIAL NAME (Last, First, Middle)						35. UNIT/ORGANIZATION NAME						
36. TITLE				37. PAY GRADE		38. SIGNATURE			39. DATE VERIFIED (YYYYMMDD)			
SECTION IV - VERIFIED BY												
40. VERIFYING OFFICIAL NAME (Last, First, Middle Initial)				41. SITE IDENTIFICATION		42. TELEPHONE NUMBER (Include Area Code/DSN)		43. SIGNATURE				
SECTION V - DEPENDENT INFORMATION (Attach additional pages if necessary)												
A	44. NAME (Last, First, Middle) (insert full name of dependent)				45. GENDER (M or F)		46. DATE OF BIRTH (YYYYMMDD) (fill in)		47. RELATIONSHIP (fill in)		48. SSN OR DOD ID NO. (fill in if updating)	
49. CURRENT HOME ADDRESS (home address in the USA)						50. PRIMARY E-MAIL ADDRESS <input type="checkbox"/> Permission to use for benefits notifications (18 and above)			51. TELEPHONE NUMBER (Include Area Code/DSN) (home phone)			
52. CITY (fill in)			53. STATE (fill in)		54. ZIP CODE (fill in)		55. COUNTRY USA		56. ELIGIBILITY EFFECTIVE DATE (YYYYMMDD) (blank)		57. ELIGIBILITY EXPIRATION DATE (YYYYMMDD) (blank)	
B	58. NAME (Last, First, Middle) (insert full name of dependent)				59. GENDER (M or F)		60. DATE OF BIRTH (YYYYMMDD) (fill in)		61. RELATIONSHIP (fill in)		62. SSN OR DOD ID NO. (fill in if updating)	
63. CURRENT HOME ADDRESS (home address in the USA)						64. PRIMARY E-MAIL ADDRESS <input type="checkbox"/> Permission to use for benefits notifications (18 and above)			65. TELEPHONE NUMBER (Include Area Code/DSN) (home phone)			
66. CITY (fill in)			67. STATE (fill in)		68. ZIP CODE (fill in)		69. COUNTRY USA		70. ELIGIBILITY EFFECTIVE DATE (YYYYMMDD) (blank)		71. ELIGIBILITY EXPIRATION DATE (YYYYMMDD) (blank)	
SECTION VI - RECEIPT												
Receipt of new card is acknowledged.												
72. SIGNATURE								73. DATE ISSUED (YYYYMMDD)				